

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 05/16/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 72148 MRI Lumbar Spine W/O Dye

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Neurosurgeon

Fellowship Trained in Spine Surgery

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Cover sheet and working documents
 2. 06/25/08 – MRI of the cervical spine
 3. 08/27/08 – Pain Management Report
 4. 09/04/08 – Impairment rating
 5. 09/05/08 – Office Visit with Dr.
 6. 09/08/08 – Independent Medical Evaluation
 7. 09/30/08 – Office evaluation with Dr.
 8. 10/08/08 – Neurologic evaluation with Dr.
 9. 10/08/08 – Electrodiagnostic studies
 10. 10/15/08 – New patient evaluation with Dr.
 11. 11/05/08 – Designated Doctor Evaluation
 12. 11/18/08 – Designated Doctor Supplemental Report
 13. 01/20/09 – Pain management note with Dr.
 14. 02/18/09 Thru 11/12/09 – Office Visit with Dr.
 15. 11/16/09 – Letter of medical necessity
 16. 01/08/10 Thru 02/02/11 Clinical notes Dr.
 17. 09/01/10 – Peer Review Report
 18. 09/03/10 & 02/07/11 - Utilization Review
 19. 02/07/11 - Utilization Review
- 4. Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained an injury on xx/xx/xx when she was repetitively pulling 40 pound boxes from shelves and a box fell.

The claimant initially underwent MRI studies of the cervical spine in 2008. No prior MRI studies of the lumbar spine were provided for review.

The claimant continued to have low back pain throughout 2010. The claimant intermittently was taking medication including Orudies, Soma, and Vicodin.

A prior peer review dated 09/01/10 stated an MRI of the cervical spine revealed a minimal bulge at C3-C4 and a right central disc bulge at C4-C5. This report was not provided for review.

The request for an MRI of the lumbar spine was denied by utilization review on 09/03/10 as the reviewer opined that the claimant had normal neurologic evaluations and no progressive neurologic deficit to warrant MRI studies.

The most recent clinical evaluation on 02/02/11 stated the claimant had continued neck and low back pain. Physical examination revealed no evidence of focal neurologic deficits. The claimant was recommended to continue with medications.

The request for an MRI of the lumbar spine was denied by utilization review on 02/07/11. The previous review opined that there was no evidence of lumbar radiculopathy and defined dermatomal patterns or other neurologic changes that would warrant MRI studies.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The request for MRI of the lumbar spine would not be recommended as medically necessary. The clinical notes provided for review do not establish a diagnosis of progressive or severe lumbar radiculopathy or myelopathy. There is no clear trauma to the lumbar spine. The claimant has complaints of continued low back pain; however, without objective evidence regarding progressive or severe neurologic deficits, MRI studies of the lumbar spine would not be indicated per guideline recommendations. As such, medical necessity is not established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines

ODG Low Back Chapter

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient